## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

OCT 1 0 2006

**Commissioner for Patents** P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifica	ed below or directed ot	ing the Patent, advance of herwise in Block 1, by (	UE FEE and PUBLICAT orders and notification of a pecifying a new corresponding to the corresp	naintenance fees will be spondence address; and/o	Blocks I through 5 s mailed to the current r (b) indicating a sepa	hould be completed where correspondence address as arate "FEE ADDRESS" for	
CURRENT CORRESPOND	ENCE ADDRESS (Note: Use B	lock 1 for any change of address)	Fee	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
PILLSBURY V P.O. BOX 10500 MCLEAN, VA	WINTHROP SHA	<sub>N</sub> 2006 NW PITTMAN, LI		Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
						(Depositor's name)	
				·	<u>-</u> ,	(Signature)	
						(Date)	
APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/628,559 07/29/2003		David Gross	030157-0305213 4747				
		T	NER FOR IRRADIATED	<b>1</b>			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE		
nonprovisional	YES	\$700	\$300	\$0 1	\$1000	10/10/2006	
EXAMINER		ART UNIT	CLASS-SUBCLASS				
	JOSEPH L	1746	134-16900R			·	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to or agents OR, alternative (2) the name of a single registered attorney or a 2 registered patent atto	For printing on the patent front page, list  1) the names of up to 3 registered patent attorneys ragents OR, alternatively,  2) the name of a single firm (having as a member a egistered attorney or agent) and the names of up to registered patent attorneys or agents of agents of a single firm (having as a member a segistered patent attorneys or agents of agents of a single firm of the names of up to registered patent attorneys or agents of agents of agents of a single firm of the names of up to registered patent attorneys or agents of the name of a single firm of the names of up to registered patent attorneys or agents of the name of up to registered patent attorneys or agents of the name of the name of up to registered patent attorneys or agents of the name of the			
3. ASSIGNEE NAME A	ND RESIDENCE DAT	A TO BE PRINTED ON	THE PATENT (print or type	91 FC:2591 92 FC:1594	AAAAAA BU		
PLEASE NOTE: Un recordation as set fort	less an assignee is ident th in 37 CFR 3.11. Com	tified below, no assignee pletion of this form is NO	data will appear on the p T a substitute for filing an	atent. If an this is head with	360.00 Da	ocument has been filed for	
(A) NAME OF ASSI	GNEE		(B) RESIDENCE: (CITY	and STATE OR COUNT	TRY)		
Dominion H	Engineering, 1	Inc.	Reston, Vi	lrginia			
Please check the appropr	riate assignee category or	r categories (will not be p	rinted on the patent):	Individual 🛱 Corporat	ion or other private gro	oup entity Government	
4a. The following fee(s)  Solution Issue Fee Publication Fee (N Advance Order -	No small entity discount		b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 03 - 39 75 (enclose an extra copy of this form).				
5. Change in Entity Sta	tus (from status indicate	d above)					
	s SMALL ENTITY state		☐ b. Applicant is no lon				
NOTE: The Issue Fee an interest as shown by the	d Publication Fee (if req records of the United Sta	uired) will not be accepte ates Patent and Trademark	d from anyone other than t c Office.	he applicant; a registered	attorney or agent; or th	ne assignee or other party in	
Authorized Signature	Benjami	n L. Kuny	,	Date October	10, 2006		
Typed or printed nam	<sub>e</sub> Benjamin L.	. Kiersz /	Registration No. 51,485				
This collection of informan application. Confiden submitting the complete	nation is required by 37 ( tiality is governed by 35 d application form to the	CFR 1.311. The information U.S.C. 122 and 37 CFR USPTO. Time will vary	on is required to obtain or r 1.14. This collection is est depending upon the indiv	etain a benefit by the publimated to take 12 minutes idual case. Any comment	lic which is to file (and to complete, including s on the amount of time	by the USPTO to process) g gathering, preparing, and ne you require to complete	

this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.